

Under the Papenwork Reduction Act of 1995, no p.	ersons are requi	U.S. Patent and Tra	demark Office; U.S. DE	PTO/SB/85/(03-01 10/31/2002 OMB 0651-003: PARTMENT OF COMMERCE y a valid OMB control number
UTILITY PATENT APPLICATION TRANSMITTAL	Attorney First Inve			METAL AND PLAST
Only for new nonprovisional applications under 37 CFR 1.53(b))	Express I	Mail Label No.	EJ051942706U	s = 2/27/20
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent applicati	ion contents.	ADDRESS	Assistant C TO: Box Patent Washington	
1. Fee Transmittal Form (e.g., PTO/SB/17) (Ceberts original and subjects for the processing) 2. Applicant claims small entity status. See 37 CFR 1.27. See 37 CFR 1.33(b). See 37 CFR 1.36(c).	pleted)	Composition   Composition	outer Program (Ap and/or Amino Acide, all necessary) mputer Readable atton Sequence Li CD-ROM or CD-R paper atements verifying PANYING APPL nent of Papers (co 3.83(b) Statemen translation Disclosure ent (IDS) PTO-14 Recoipt Postcar Are Appl Translation Dour Are Appl Translation Transla	IS Sequence Submissi Form (CRF) siting on: (2 Copies); or identity of above copi ICATION PARTS rer sheet   Power (5)   Attornor (6)   Attornor (7)   Attornor (7)   Attornor (7)   Attornor (7)   Attornor (7)   Attornor (8)   Attornor (9)   Attornor (9)   Attornor (10)   Attornor (
8. If a CONTINUING APPLICATION, check appropriate amendment, or in an Application Data Sheet under 37 profit of the profit of the continuation of the decisionary of the accompanying continuation only be relied upon when a portion has been inaderesterily omitted from	7 CFR 1.76: tion-in-part (Cl	P) of prior a Group plication, from which pplication and is here	Art Unit:	is supplied under Box 5b,
19. CORRE	SPONDEN	CE ADDRESS		
Customer Number or Bar Code Label	23906		or Corre	spondence address belov
Name				
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	Telephone		Fax	1
Name (Print/Type) WILLIAM H. HAMBY.		Ta	. (Attorney/Agent)	31.521

of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Of FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	Complete if Known				
FEE TRANSMITTAL	Application Number	UNKNOWN			
for FY 2002	Filing Date				
	First Named Inventor	MICHAEL J. BAUHOFF			
Patent fees are subject to annual revision.	Examiner Name	UNKNOWN			
Applicant Claims small entity status. See 37 CFR 1.27	Group / Art Unit	UNKNOWN			
OTAL AMOUNT OF PAYMENT (\$) 740	Attorney Docket No.	AD 6791 US NA			

METHOD OF PAYMENT (check all that								
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
☐ Check ☐ Credit card ☐ Money Order ☐	Other Nor	е	3. ADDITIONAL FEES Large Entity   Small Entity					
Deposit Account:			Fee	Fee	Fee	Fee	Fee Description	Fee
		Code	(\$)	Code	(\$)	•	Paid	
Account Number 04-1928			105	130	205	65	Surcharge - late filing fee or oeth	
			127	50	227	25	Surcharge - lete provisional filing fee or cover sheet.	
Deposit			139	130	139	130	Non-English specification	
Account E. I. du Pont de Nemours and Company			147	2,520	147	2,520	For filing e request for reexamination	
The Commissioner is authorized to: (check all that apply)		'	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated balow Credit any overpayments  Charge any additional fee(s) during the pendency of this application			113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Charge fee(s) indicated below, except for the filing t			115	110	215	55	Extension for reply within first month	
above-identified deposit account	00 10 110		116	400	216	200	Extension for reply within second month	
FEE CALCULATION		-	117	920	217	460	Extension for reply within third month	
			118	1,440	218	720	Extension for reply within fourth month	
<ol> <li>BASIC FILING FEE</li> </ol>			128	1,960	228	980	Extension for reply within fifth month	
Large Entity Small Entity			119	320	219	160	Notice of Appeal	
Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid		120	320	220	160	Filing a brief in support of an appeal	
			121	280	221	140	Request for oral hearing	
101 740 201 370 Utility filing fee 106 330 206 165 Design filing fee	740		138	1,510	138	1,510	Petition to institute a public use proceeding	
107 510 207 255 Plent filing fee			140	110	240	55	Petition to revive - unavoidable	
108 740 208 370 Ressue filing fee			141	1,280	241	640	Petition to revive - unintentional	
114 160 214 80 Provisional filling fee			142	1,280	242	640	Utility issue fee (or reissue)	
		٦	143	460	243	230	Design issue fee	
SUBTOTAL (1)	(\$) 740		144	620	244	310	Plant issue fee	
			122	130	122	130	Petitions to the Commissioner	
2. EXTRA CLAIM FEES	_		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Extra Fee Claims belo Total Claims -20 = 0 X 18		,	126	180	126	180	Submission of Information Disclosure Stmt	
Independent		=	581	40	581	40	Recording each patent assignment per property (times number of properties)	
At-Male		╡	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Dependent L X 28	= 0	ا ل	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
Large Entity Small Entity			179	740	279	370	Request for Continued Examination	
Fee Fee Fee Fee Description	i						(RCE)	
103 18 203 9 Claims in excess	of 20		169	900	169	900	Request for expedited examination of e design application	
	ms in excess of 3		i		1		design application	
104 280 204 140 Multiple depend	ent claim, if not pale	i	Other fee (specify)					
100 94 209 42 ** Reissue inder	endent claims ove		Outer too (openity)					
originei patent								
110 18 210 9 ** Reissue claim over original pat	s in excess of 20 a ent	nd						
SUBTOTAL (2)	B) 0	7						
**or number previously paid, if greater; For Reissues, see above		*Reduc	ed by Ba	sic Filin	g Fee Par	d SUBTOTAL (3) (\$) 0		

SUBMITTED BY	,	Complete (If applicable)	1
Name (Print/Type)	William yr. Hagnby Registration No. Attorney/Agent) 31,521	Telephone (302)992+3230	_
Signature	Willed Him	Date 18 20, 200	12
	WARNING: Information on this form may become public. Crydit card information shincluded on this form. Provide credit card information and authorization on PTO-203		

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